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BOOK REVIEW

Meg Wilson, Health Behaviors of Homeless Women: Using a Cross-selectional, Descriptive, and Non Experimental Design

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If the housing crisis be lined with any silver at all, it is the possibility of a more nuanced picture of the homeless in America, and especially the homeless woman. While the total number has recently skyrocketed across the sociological spectrum, homeless families headed by single females represent the fastest single growing subgroup, representing some 40% of the total. As this situation is unlikely to change dramatically in the near future, the study by Meg Wilson on *Health Behaviors of Homeless Women*, recently published in Germany though in English, is a welcome contribution to an understanding of the challenges faced by this endangered population. While its principal target audience is the nursing community, the book is short and readable, easily accessible to a wider audience.

By way of background, Dr. Wilson observes that the relationship among the factors contributing to the health and wellbeing of homeless women is insufficiently understood. Her study is designed to explore some of those factors in order to arrive at better practices not only among the assistance community, including especially nurses, but also the subjects themselves. She believes, with good reason, that homelessness is not synonymous with hopelessness. Not only do more effective, compassionate nursing practices contribute a great deal to advancing that difference; the women themselves, the subjects at risk, must find the strength required to emerge from the predicament of a shelter existence. Too often, caregivers assume a paternalistic (or maternalistic) attitude, however unconsciously. No matter how well meaning, such an approach is often counterproductive.

This is particularly true in the area of health promotion. Increasingly popular, though still imperfectly understood, "health promotion" refers to behavior motivated by a desire for positive change in a person's level of wellbeing, to a person's overall lifestyle and attitude that includes both physical and psychological dimensions. By contrast, what is commonly known as "health care" refers to

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medical remedies to already occurring disease. In other words, the new emphasis on health promotion recognizes not only the importance of preventing disease, which is both a far more effective and a less expensive approach than curing an ailment after it has already done physical and psychological damage, but also personal growth. In the case of mothers, the benefit transcends beyond their own condition to that of their children, who not only profit from the enhanced care they can expect to receive from a healthier parent, but may also be expected to emulate the positive behaviors of their mothers.

Table 1 illustrates the results of recent published research studies on the socio-demographic characteristics of homeless women in the United States.

Wilson's review of the research on the health behavior of homeless women to date reveals that the typical homeless woman across America is about 30 years old and single. What is more, she is by no means uneducated. About half of all homeless women are high school graduates, some having attended, and even completed, college. As one might expect, most have known serious traumas. Many have experienced physical abuse as children; moreover, studies show that the frequency among women suffering from serious mental illness is nearly universal (9 out of 10), with two-thirds reporting sexual abuse (of which more than three quarters are rated as "severe"). During childhood and adulthood, some form of physical and sexual abuse was found in virtually every case (again, 9 out of 10).

On the positive side, however, research indicates that even women forced by dire circumstances to reside in shelters, women who are both socially and economically deprived, can nevertheless make significant headway in promoting and securing their own and their children's quality of life. Contrary to widespread misconceptions, the homeless do not place less value on their health and that of their loved-ones than do the rest of us. Wilson notes that "the homeless, who represent a very vulnerable population, face many challenges and adversities, but also possess many strengths and capabilities." (p. 58).

It is in this positive spirit that she conducts her own research focusing on shelters that provide housing assistance to homeless women in an urban area of Northeast Indiana. The five shelters she finally selected for this study were all comparable in administrative organization, goals, services, referral process, and designated target populations. Two were faith-based, three only accepted single women and women with children present, and two accepted nuclear families and single fathers with children. Wilson summarizes the results in the second half of her book.

As anticipated, African Americans were relatively highly represented (more than 40%) as compared to their percentage in the local population (<20%), which supports previous research indicating their disproportionate vulnerability compared to other ethnic groups. Contrary to expectation, however, the African Americans in Wilson's study had a higher percentage of full and part-time employment than did white women—suggesting that factors other than poverty may be disproportionately involved, notably fewer social support networks. Also unexpected was the relatively high degree of education among the women in Wilson's sample, when compared with previous research. Among the reasons may be educational opportunities in the area but perhaps more important was the effect of local and national economic markets. This factor is undoubtedly true in many other areas of the United States.

Table 1 Comparison of Socio-demographic characteristics of homeless women in the United States from published research studies

Study	Geographic location	Mean age	Education	Ethnic	Marital status
Weinreb et al. (1998)	East coast Urban	26.2 years $N = 220$	53.6% high school graduate/GED or some college	33% White 37% Puerto Rican 23% Black	Not reported
Alley et al. (1998)	Midwest Urban	35 years $N = 59$	Mean 11 years	Not reported	80% single
Craft-Rosenberg et al. (2000)	Midwest Rural	35.5 years $N = 31$	6% high school graduate	80% White	84% single
Cummins et al. (1998)	Midwest Rural & Urban	27 years $N = 473$	54.9% high school graduate or more	87% White 8.9% Black	74% single
Smith and North (1994)	Midwest Urban	29 years $N = 300$	11.6 years of education (average)	76% Black	58% never married; 83% of married now single
Nyamathi et al. (2000)	West coast Urban	33 years $N = 1{,}302$	Mean of 11.2 years of education	48% Black 21% White 31% Latinos	45.4% single
Rosengard et al. (2001)	West coast Urban	41 years $N = 105$	77% high school/GED	41% White 37% Black 5% Hispanic 4% Native American 1% Asian 12% Other	Not reported

Source: Health behaviors of homeless women, pp. 18–19

Put differently, homelessness increasingly strikes, both literally and figuratively, closer to home.

The good news is that all the shelters studied by Wilson reported providing programs and services directed at the women's personal growth. The result was that "significant relationships [were] found between spiritual growth and interpersonal relations and stress management," which leads Wilson to conclude that "sheltered homeless women have accomplished a major milestone by having accessed a supportive sheltered environment and are likely to be focusing on issues related to these areas" in the future.

Despite the absence of a simple direct correlation between higher education and positive health promoting behavior, Wilson did find that the women who identified specific physical problems were not only cognizant of their problems but practiced more health behaviors directed at addressing their health concerns—and this was evidently the result of education. She concludes, therefore, that "the high educational level of this study's population and their ability to participate in health promoting behaviors can assist in disbanding stereotypical beliefs of homelessness. Women who have higher levels of education are more likely to better understand the need and rationale for healthy behaviors."

Her results reinforce the findings of other studies that personal characteristics and individual past experiences are critical in understanding how best to offer each woman the assistance that will have the greatest chance of success. That said, shelter staff and services can make a huge difference. Writes Wilson: "[I]f participation in health promoting behaviors is rewarded, residents may also value these behaviors and recognize them as benefits to action" (p. 108). By contrast, if opportunities to engage in health promoting behaviors are not available, homeless women obviously will not participate. In the end, the decision to participate in health promoting behaviors "does not come from one single factor, but from the interaction of many." (p. 108).

Nurses are clearly in an especially good position to help this vulnerable group by creating and establishing various partnerships and fostering outreach services to other community sites that serve the unfortunate and the impoverished. It is not simply a matter of throwing more money at the problem but of linkage and insight, intelligent pro-active approaches that treat homeless women with respect and sensitivity. This study should offer a small but important reminder that homeless women, far from social and economic basket cases, have every reason to hope for a good future for themselves and their children. And it all starts with preventing illness and enhancing their wellbeing and self-esteem. This is a good reminder, at a time that is likely to become still harder for many among us who least expect it.